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TX2010

Ver. 1.0

05-102

(9-09/29)

Tcode 13196

TEXAS FRANCHISE TAX PUBLIC INFORMATION REPORT

To be filed by Corporations, Limited Liability Companies (LLCS) and Financial Institutions

This report MUST be signed and filed to satisfy franchise tax requirements

You have certain rights under Chapter 552 and 559, Government Code, to review, request, and correct information we have on file about you. Contact us at: (512) 463-4600, or (800) 252-1381, toll free nationwide.

Taxpayer number

13301547892

Taxpayer name MORPHOTRAK, INC.

Mailing address

2850 SAFRAN DRIVE

City GRAND PRAIRIE

State TX

ZIP Code

75052 Plus 4

Secretary of State file number or Comptroller file number

0009020606

☐ Check box if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office SAME AS ABOVE

Principal place of business SAME AS ABOVE

Please sign below!

Officer, director and member information is reported as of the date a Public Information Report is completed. The information is updated annually as part of the franchise tax report. There is no requirement or procedure for supplementing the information as officers, directors, or members change throughout the year.



* 1330154789210 *

SECTION A Name, title and mailing address of each officer, director or member.

Name	Title	Director	Term expiration	m	m	d	d	y	y
Daniel Vassv	President	<input type="checkbox"/> YES							
Mailing Address 2850 SAFRAN DRIVE	City GRAND PRAIRIE								
Name	Title	Director	Term expiration	m	m	d	d	y	y
Jean-Yves Guedon	V. P.	<input type="checkbox"/> YES							
Mailing Address 2850 SAFRAN DRIVE	City GRAND PRAIRIE								
Name	Title	Director	Term expiration	m	m	d	d	y	y
		<input type="checkbox"/> YES							
Mailing Address	City	State	ZIP Code						

SECTION B Enter the information required for each corporation or LLC, if any, in which this entity owns an interest of ten percent (10%) or more.

Name of owned (subsidiary) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership

SECTION C Enter the information required for each corporation or LLC, if any, that owns an interest of ten percent (10%) or more in this entity or limited liability company.

Name of owned (parent) corporation or limited liability company	State of formation	Texas SOS file number, if any	Percentage of Ownership
SAFRAN USA, INC.	DE	0800987902	100.00
Registered agent and registered office currently on file. (See instructions if you need to make changes)		<input type="checkbox"/> Check box if you need forms to change the registered agent or registered office information.	
Agent: CT CORPORATION SYSTEM	City DALLAS	State TX	ZIP Code 75201

The above information is required by Section 171.203 of the Tax Code for each corporation or limited liability company that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B, and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director or member and who is not currently employed by this, or a related, corporation or limited liability company.

sign here

Title

PFO

Date

15 NOV '10

Area code and phone number

Texas Comptroller Official Use Only



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